



## GEORGIA MEDICAID FEE-FOR-SERVICE CEPHALOSPORINS PA SUMMARY

Preferred	Non-Preferred
<b><i>First Generation</i></b> Cefadroxil generic Cephalexin suspension generic Cephalexin 250mg or 500mg capsules generic Keflex 750mg capsules (cephalexin)	Cephalexin 750mg capsules generic Cephalexin tablets generic
<b><i>Second Generation</i></b> Cefaclor capsules, extended-release tablets generic Cefprozil generic Ceftin suspension (cefuroxime) Cefuroxime tablets generic	Cefaclor suspension generic
<b><i>Third Generation</i></b> Cefdinir generic Cefditoren generic Cefpodoxime generic Ceftriaxone generic Suprax capsules (cefixime)	Avycaz (ceftazidime/avibactam) Cedax (ceftibuten) Cefixime suspension generic Ceftibuten generic Suprax 500mg/5mL suspension, chewable tablets (cefixime)
<b><i>Other Generations</i></b> n/a	Teflaro (ceftaroline) Zerbaxa (ceftolozane/tazobactam)

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- ❖ Suprax capsules are preferred but require prior authorization (PA).
- ❖ If generic ceftibuten is approved, the PA will be issued for the same formulation of brand Cedax.
- ❖ If an injectable medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

**PA CRITERIA:**

*Cephalexin 750 mg Capsules Generic and Cephalexin Tablets Generic*

- ❖ Physician must submit a written letter of medical necessity stating the reasons the preferred products, generic cephalexin 250mg, 500mg capsules and brand Keflex 750 mg capsules, are not appropriate for the member.

*Cefaclor Suspension Generic*

- ❖ Approvable for members who have been started and stabilized on while in the hospital

OR

- ❖ The organism being treated must be resistant or not susceptible to OR member must have contraindications, drug-drug interactions or intolerable side effects



to two preferred 1<sup>st</sup> or 2<sup>nd</sup> generation suspension products (cefadroxil, cephalexin, cefprozil, cefuroxime).

*Suprax Capsules*

- ❖ Approvable for members who have been started and stabilized on while in the hospital

*OR*

- ❖ The organism being treated must be resistant or not susceptible to OR member must have contraindications, drug-drug interactions or intolerable side effects to one other 3<sup>rd</sup> generation product (cefdinir, cefditoren, cefpodoxime)

*OR*

- ❖ For gonorrhea, intramuscular ceftriaxone must not be an option for the member.

*Cefixime Suspension Generic, Suprax 500mg/5mL Suspension, Suprax Chewable Tablets*

- ❖ Approvable for members who have been started and stabilized on while in the hospital

*OR*

- ❖ The organism being treated must be resistant or not susceptible to OR member must have contraindications, drug-drug interactions or intolerable side effects to the 3<sup>rd</sup> generation suspensions (cefdinir and cefpodoxime).

*Cedax and Ceftibuten Generic*

- ❖ Approvable for members who have been started and stabilized on while in the hospital

*OR*

- ❖ The organism being treated must be resistant or not susceptible to all of the preferred 3<sup>rd</sup> generation products, OR member must have contraindications, drug-to-drug interactions, or history of intolerable side effects to the preferred 3<sup>rd</sup> generation products.
- ❖ In addition for generic ceftibuten, prescriber must submit a written letter of medical necessity stating the reasons brand Cedax is not appropriate for the member.

*Teflaro*

- ❖ Approvable for members with acute bacterial skin and skin structure infection or community acquired pneumonia who have been started and stabilized on while in the hospital

*OR*

- ❖ Member must be 18 years of age or older

*AND*

- ❖ Physician must submit documentation of an infection with culture and documented sensitivity to Teflaro. The organism must not be susceptible to preferred first-line antibiotics; otherwise, member must have allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to susceptible preferred first-line antibiotics.

*Avycaz*

- ❖ Approvable for members who have been started and stabilized on while in the hospital.



- ❖ Approvable for members with complicated intraabdominal infection when used in conjunction with metronidazole and when physician submits documentation of an infection with culture and documented sensitivity to Avycaz and the organism must not be susceptible to other treatment options; otherwise, member must have allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least three other treatment options for complicated intraabdominal infection.
- ❖ Approvable for members with complicated urinary tract infections, including pyelonephritis, when physician submits documentation of an infection with culture and documented sensitivity to Avycaz and the organism must not be susceptible to other treatment options; otherwise, member must have allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least three other treatment options for complicated urinary tract infection.

*Zerbaxa*

- ❖ Approvable for members who have been started and stabilized on while in the hospital.
- ❖ Approvable for members with complicated intraabdominal infection when used in conjunction with metronidazole and when physician submits documentation of an infection with culture and documented sensitivity to Zerbaxa and the organism must not be susceptible to other treatment options; otherwise, member must have allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two other treatment options for complicated intraabdominal infection.
- ❖ Approvable for members with complicated urinary tract infections, including pyelonephritis, when physician submits documentation of an infection with culture and documented sensitivity to Zerbaxa and the organism must not be susceptible to other treatment options; otherwise, member must have allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two other treatment options for complicated urinary tract infection.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.



**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.